

# Medically Prescribed Diet Meal Request Form



To be completed by parent/carer

Child's name \_\_\_\_\_

School name \_\_\_\_\_

Parent/carer email \_\_\_\_\_

Parent/carer signature \_\_\_\_\_

Parent/carer contact number

\_\_\_\_\_

Please provide an acute services referral form or below to be completed by a medical professional (GP, NHS Dietician, Paediatric Specialist)

I confirm \_\_\_\_\_ follows a \_\_\_\_\_ diet and will require an appropriately modified school lunch

Signed by medical professional \_\_\_\_\_

Position \_\_\_\_\_

Email address \_\_\_\_\_

Date \_\_\_\_\_

Please provide details of the diet requested

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## May Contain Information

Details of the fourteen major allergens, stated in legislation, are provided on all of our menus for pupils to view and can be provided to parents upon request.

Some ingredients supplied to us may have further allergen advise on the product such as 'may contain' 'made in a factory ...' statements, *these are not stated on our menu's*, however are documented in full detail and can be provided if requested. More detailed allergen labelling and information, can be accessed at [www.allergyuk.org/resources/food-labelling/](http://www.allergyuk.org/resources/food-labelling/) and [www.foodstandards.gov.scot](http://www.foodstandards.gov.scot)

**I have read and understood the above statement and confirm I wish my child to attend for school lunch.**

Signed by parent/carer \_\_\_\_\_ Date \_\_\_\_\_

Please return your completed form to the school office or email [facilitiesmanagement@eastrenfrewshire.gov.uk](mailto:facilitiesmanagement@eastrenfrewshire.gov.uk)

## East Renfrewshire Council Commitment

*ERC will only provide children and young people with this meal provision on receipt of this completed form. Once received a member of our catering team will be in contact to discuss the appropriate requirements. It is the responsibility of the parent/carer to inform the school of any changes to the pupil's allergy or reason for requiring a special diet.*

*The information you supply on this form will be used by East Renfrewshire Council to reference and support for the catering provision. We will use your information where required to contact you by post, email or telephone and to maintain our records. The council will use this information, on the basis of your consent, to provide a suitable meal to your child. Relevant information will be shared with the catering team and CRB.*

*If you do not provide us with the information we have asked for then we will not be able to provide this service to you. If you do not have access to a computer and wish a paper copy please let us know by contacting your child's school. If you have provided anyone else's details on this form please ensure that you have told them that you have shared their information with East Renfrewshire Council. If you require any more information on how we will be using and handling this information, visit our web site at [www.eastrenfrewshire.gov.uk/privacy](http://www.eastrenfrewshire.gov.uk/privacy)*